

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90020 022 ****61.25

DOCUMENT # N31648

1. Entity Name
**DISABLED AMERICAN VETERANS AUXILIARY CADD
HADDON UNIT #67, INC.**



Principal Place of Business
**16314 CORTEZ BOULEVARD
BROOKSVILLE, FL 34601 US**

Mailing Address
**PO BOX 10420
BROOKSVILLE, FL 34601-0420 US**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2594404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EASTIN, WINONA O
10218 NODDY TERN RD.
BROOKSVILLE, FL 34613**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Winona O. Eastin Winona O. Eastin 3/3/08
Signature, typed or printed name of registered agent and both are acceptable. (NOTES: Registered Agent signature required when registering.) DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANSANDT, PAUL 24310 BROWNING PL BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MISAMORE, CECELIA A 14043 ALLSTON AVE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOMBARDO, ELEANOR 3171 GREYNOLDS AVE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANSANDT, BETTY 24310 BROWNING PL BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EASTIN, WINONA O 10218 NODDY TERN RD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Winona O. Eastin 3/3/08 352-596-9280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #